APPLICATION FOR RECORDS RETENTION SCHEDULE

For instructions on completing this form contact DHR Records Management Unit, 47 Trinity Avenue, Atlanta, Georgia 30334. Phone - (404) 656-4976   GIST: 221-4983

DHR	1. GEORGIA DEPARTMENT OF HUMAN RESOURCES	ARCHIVES AND HISTORY
Application Date April 14, 1982	Office of General Administration Management Information Systems Unit Room 506 A-S 47 Trinity Avenue, S.W. Atlanta, Georgia 30034 - 1202	**Application Number** 82 - 79
Application Number DHR 82-12		**Date Received** APR 1 5 1982 **Date Completed** APR 2 3 1982

2. Person to Contact	Working Title	Telephone Number
Joe Lafferty	Supervisor	656-4302

3. Action Requested

a. ☒ Establish Retention Schedule; record will continue to accumulate.

b. ☐ Dispose of present accumulation; no further accumulation anticipated.

c. ☐ Amend Application No. _____ Check One: ☐ Change; ☐ Supercede; ☐ Void

4. Dates of Series	5. Records Series Title *(followed by title used in office; if different)*
Earliest **Latest** 7/1/80 continuing	Income Tax Refund Setoff Collection Program Files

6. Division and Office Function What is the function of the Division and the Office in which this record series is created?

The Office of General Administration is responsible for providing administrative support to the Department. This includes: General Support Services; Insurance and Bonding; Facilities Support; Management Information Systems; and Contracts Management.

The Management Information Systems Section (MIS) provides information systems services and support to the Department's programmatic divisions and administrative offices which have automated and manual processing systems.

7. Records Series Description This file contains the following documents *(include form numbers and titles, if any)*: Attach samples of the file.

Documents relating to: identifying debtors who owe money to the State; and in cooperation with the Department of Revenue, collecting those debts by setting off a claim against (State Income Tax) refunds due the debtor.

Included are: form 4984 (Setoff Debt Collection Claim Form) which shows whether claim is new, being replaced or deleted; claimant organization (as defined under Patient Cost of Care Act; Child Support Recovery Act; Medical Assistance for the Aged Act; Georgia Public Assistance Act of 1965); debtor's name, address, Social Security No. and other information; claim date; agent code; jurisdiction code; and amount of claim. Form 4975 (Case Summary-Tax Offset Error) identifies Taxpayer 1 and 2 by name and address; reason tax setoff is in error; whether to return entire setoff amount to taxpayer or a portion of the amount -- amount of setoff, true debt owed, amount to return to taxpayer; and name, title, address, and phone no of investigator. Forms 4973 (Notice of Request for Hearing to Contest Tax Setoff) - shows

The file is arranged : numerically by Social Security number.

8. Monthly Reference Rate How often are records referred to which are:

One to six months old ___ - ___ ; Seven to twelve months old ___ - ___ ; Thirteen to twenty-four months old ___ - ___ ;

twenty-five months and older ___ - ___ ? no reference anticipated - retention for DHR financial records

9. Annual Rate of Accumulation or Records

Letter-size drawers _____ ; Legal-size drawers _____ ; Shelves _____ ; Other *(Specify)*

approximately

3 cu. ft. forms

3 cu. ft. of computer report binders

YES	NO	10. Questionnaire (Place an "X" in the proper column)
x		a. Is this the official copy of the series? If not, where is it?
x		b. Does the series contain confidential information requiring security handling? If yes, cite law or regulation. DHR confidentiality policy XI.A.2(a) contain client names
	x	c. Is this a vital record?
	x	d. Does this series have historical or long term research value?
	x	e. When one or two documents in the file make it necessary to keep the entire file for a long period, could these documents be scheduled separately?
	x	f. Is the information contained in this series ever published? If yes, attach copy.
	x	g. Is the information contained in this series ever analyzed and/or recorded in a summarized report? If yes, attach copy. computer reports
	x	h. Is there a duplication of this series in your office, or in another office or agency? If yes, where?
	x	i. Is this series (or a major portion of it) regularly microfilmed?
x		j. Does the record series result in a computer printout? information from the forms

11. Retention Requirements   The following requires the series to be kept:

a.	State Law	_____ years.	d.	Audit period	___5___ years.
b.	Statute of limitation	_____ years.	e.	Administrative need	_____ years.
c.	Federal law	_____ years.	f.	Federal retention instructions	_____ years.

Attach copy or excerpt of laws or regulations. Explain administrative need.

12. Approved Disposition Instructions   This agency recommends that the file series be cut off at the end of each:
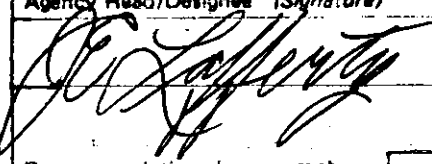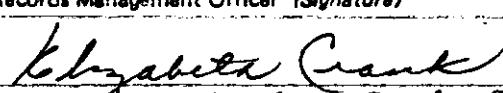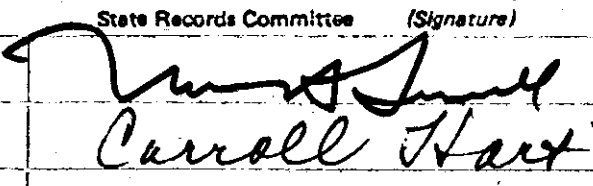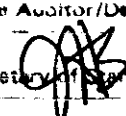
Forms – Letters
Computer Reports

☒ Calendar Year; ☐ Fiscal Year; ☐ Other _____ then,

☒ Hold in the current files area _____ month(s) ___1___ year(s); then

☐ Transfer to local holding area; hold _____ year(s); then

☒ Transfer to State Records Center; hold ___4___ year(s); then

☒ Destroy   after all audit requirements have been fulfilled

☐ Transfer to State Archives for permanent retention.

☐ Other (Specify)

These instructions apply to all prior and future accumulations of the series.

Agency Head/Designee (Signature)	Date	Records Management Officer (Signature)	Date
[signature]	4/14/82	[signature] Elizabeth Crank, CRM	4/14/82

		State Records Committee (Signature)	Date
Recommendations in paragraph 12 are approved. (If disapproved, attach letter of explanation.)	State Auditor/Designee	[signature]	4-20-82
	Secretary of State/Designee	Carroll Hart	4-19-82
	Attorney General/Designee	[signature]	4-21-82

Income Tax Refund Setoff Collection Program Files

7.   organization code; date; Taxpayer 1 and Taxpayer 2 (if joint return)
     by name, address, and Social Security number; claimant agency case
     number, date of setoff (revenue letter sent), date request received by
     agency; name, address and phone no. of agency contact; and name, ad-
     dress, title and phone no. of person submitting the Notice. 4974 (Setoff
     Collection System Case Summary (Tax Offset-Proper) - shows organization
     code; date; Taxpayer(s) by name, address, and Social Security number(s);
     statement by investigator as to amount of debt and amount setoff and
     bases of debt (court order, administrative hearing, contract), effective
     date; suggested hearing site; and name, address, title and phone number
     of person submitting. 4983 (Setoff Debt Collection Maintenance Form
     - data processing form) which shows organization code; date completed,
     taxpayer's name, social security number, transaction code, effective date,
     return amount, apply amount. Also included are: computer reports, in
     various formats, of information taken from the forms. In addition,
     unnumbered form letter (Notice of Hearing Determination) which shows name(s)
     of Taxpayer(s) and social security number(s); appeal number; the final ad-
     ministrative decision and authorization to disburse funds now held in
     the Escrow account by: total amount setoff, amount to returned to tax-
     payer(s), amount to apply to taxpayers debt; date authorized; and
     name of Administrative Hearing Officer.or unnumbered form letter to
     taxpayer(s) apologizing for transferring the income tax refund amount
     to DHR to recover payments for money owed and enclosing check for amount
     set aside; and a listing of DHR organizations (by name of contact person,
     name and full address of institutions) which may enter claims against tax
     refunds for money owed the Department.